

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

MARICOPA COUNTY, ARIZONA - Revised 5/24/01

National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:	
1. TYPE OF NOTIFICATION: () Original; () Revision 1; () Revision 2; () Revision 3; () Revision 4; () Revision 5; () Cancel					
2a. FACILITY OWNER INFORMATION:					
Name of Company or Individual:					
Address:					
City/Community:			State:	Zip:	
Contact Person:			Telephone:		
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:					
Address:					
City:			State:	Zip:	
Contact Person:			Telephone:		
2c. DEMOLITION CONTRACTOR/OPERATOR:					
Address:					
City:			State:	Zip:	
Contact Person:			Telephone:		
3. TYPE OF OPERATION: () Renovation, () Emergency Renovation, () Demolition, () Ordered Demolition, () O&M					
4. DATE OF INSPECTION OF FACILITY, OR AFFECTED PART, BY AHERA CERTIFIED BUILDING INSPECTOR:					
5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)					
Facility/Building Name:					
Address:					
City:	County: MARICOPA	State: AZ	Zip Code:		
Building Size in Floor Area (Sq. Ft.):	Number of Floors Affected:	Age of Facility:			
Fee Paid: \$ _____	Check No.: _____	Present Use:	Prior Use:		
6. PROCEDURE, INCLUDING ANALYTICAL METHODS, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM: () Polarized Light Microscopy [PLM]; () Other _____ NVLAP Laboratory Name: _____ Number of Samples: _____ Date Analyzed: ____/____/____					
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: * NOTE: Update notice when amount changes >20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, §61.141	Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM			
		To Be Removed		Not To Be Removed	
		CAT I	CAT II	CAT I	CAT II
On Facility Components; Pipes (Linear Feet)					
On Facility Components; Surface Area (Sq. Ft.)					
Off Facility Components; Volume (Cubic Feet)					
8. SCHEDULED DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start Date: _____ Completion Date*: _____ Days Worked (Circle): M T W Th F Sat Sun Day Shift Hours: _____ Evening Shift Hours: _____					
9. SCHEDULED DATES FOR DEMOLITION (MM/D//YY) Start Date: _____ Completion Date*: _____					
Mail/Deliver to:	Copy of Notification to:	Maricopa County Env. Svcs. Dept.: http://www.maricopa.gov/envsvc/air/asbestos.asp			
Maricopa County Env. Svcs. Dept. NESHAP Coordinator Attn: Stephen Depenbrok 1001 N. Central Ave. #301 Phoenix, AZ 85004 (602) 506-6708	AZ Div. Of Occupational Safety & Health Attn: Jesus Maeda 800 W. Washington Phoenix, AZ 85007 (602) 542-5795	\$425 RACM removal fee required for RACM removal at or above: 260 linear feet 160 square feet 35 cubic feet	No fee for non-friable CAT I and CAT II ACM asbestos abatement or below threshold amount of RACM. Courtesy notification requested.	\$425 demolition fee required for all NESHAP facilities. One residential home is exempt. 2 or more are regulated.	

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: <input type="checkbox"/> TSI <input type="checkbox"/> Ceiling Texture <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> A/C Pipe <input type="checkbox"/> A/C Siding/Shingles <input type="checkbox"/> VAT/Mastic >5580 sq ft w/rotating blade cut Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents			
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers/Negative Air <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-Mil Bags <input type="checkbox"/> Other, please specify: _____			
12a. ASBESTOS WASTE TRANSPORTER #1:			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____		Telephone: _____	
12b. ASBESTOS WASTE TRANSPORTER #2:			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____		Telephone: _____	
13. ASBESTOS WASTE DISPOSAL SITE:			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____		Telephone: _____	
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3)), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER			
Name: _____		Title: _____	
State or Local Government Agency: _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))			
Date and Hour of Emergency (MM/DD/YY - HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: <input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures			
17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED ON-SITE.			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature of Owner/Operator)	_____ (Date)
18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (ALL areas of Arizona):			
_____ (Print Name of Inspector)	_____ (Training Provider)	_____ (AHERA Certificate Number)	_____ (Expiration Date)
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature of Owner/Operator)	_____ (Date)